

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XLOGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name	_	mber and street, city, state, zip code)	Telephone Number 812 948 1675	Date of In (mm/dd/yr	r)	PERMIT#
Owner's A P.O. Bo Person in C Responsible Certified F	SJiba ddress X 379 Charge Barre e Person's	F-ma	Non Albany, IN 47150 At Dodd Lagrange, KT 40031	Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date NO TODAT Summary of Violations: C_3 NC_5 R Menu Type (See back of page) 1_2_3 X 4_, 5		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R				To Be Corrected By	
136	C		Observed several smallers delate at it	May/complex a	440	Disca	
191	C	R	Observed exercised employee drink at drine - they contar men Discarded Observed (3) items using time- as - trap control past time functional Corrected				
204	C		Observed last lattice stocked too high and in contact with shaking Corrected				
297	NC		Obsered hard noter build-up on tea bulb and throads Corrected				
324	NC		Observed hand sink slow to drain / week				
410	NC	1	Observed cracked / broken light shield at BOH bulk in / week				
430	NC	†	Observed cailing title missing at drive - thru # 1 week				
433	NC	<u> </u>	Observed map not properly hum to day Corrected				
ردوا	NC.	<u> </u>	Observed map not properly hung to	ary		Corre	t teo
Received by	65Ue	<u> _ €</u>	parer (M	Inspected by (name and title A.J. 3	printed):	(EHS)	
	4	K			an		
co:	/7	-	cc:		cel		